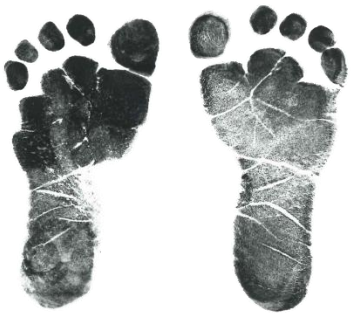
ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES, INC.

PRE-NATAL APPLICATION - Program Year 2021-2022

Thank you for your interest in our Early Head Start Program. Our prenatal program helps pregnant women receive education and a further understanding of the medical care they and their growing babies need. A home visitor will work with you to provide information support as you prepare for the birth of your baby.



Specialized services are provided by certified Doulas for pregnant and postpartum moms. This service is currently only available in Rock County and space is limited. 2020 proof of income and an interview are required to determine your eligibility in the program. Completing the application does not mean you are accepted. Pregnant mothers with the greatest need for services will be placed first. Please complete the application thoroughly so we know how to best serve you. **All information is kept confidential.**

WE ARE AN INCOME BASED PROGRAM AND WILL NEED YOUR 2020 INCOME:

If you ***currently*** receive one of the following we will need verification.
Example: award letter or current statement

• SSI • W2 Cash Assistance • Foster Care Supplement • Kinship Care

If the incomes above do not apply to you, please send copies of all incomes below that a

- 2020 Tax Return
- 2020 W2 Employer Statement(s)
- Unemployment Compensation
- Written statement for cash received for work
- 2020 Child Support received for all children in the home
- SSDI
- Caretaker's Supplement
- Written statement from the employer

If none of these apply to you, please contact the enrollment office.

Please allow up to 30 days for processing the application. Incomplete applications will not be considered for placement. Please contact us with new address/phone number changes.
We can't serve you if we can't find you.

If you have any questions or need help with anything please call/email us:

Janice Kuchelmeister
jkuchelmeister@cfsheadstart.org

Maria Olvera
molvera@cfsheadstart.org

Nancy Marx
nmarx@cfsheadstart.org

CONFIDENTIAL PRE-NATAL APPLICATION FOR ENROLLMENT PY 2021-2022
THIS APPLICATION SHOULD ONLY BE FILLED OUT AND SIGNED BY THE PRE-NATAL PARENT

1. MOTHER'S INFORMATION

NAME: _____ **DOB:** _____
(As name appears on birth certificate) FIRST MIDDLE LAST

PRIMARY PHONE: _____ H C W Opt in for text messages: ☐ Yes ☐ No

EMAIL ADDRESS: _____

2. RACIAL/ETHNIC BACKGROUND

☐ White ☐ American Indian/Alaska Native Hispanic?
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Yes ☐ No
☐ Asian ☐ Other:

Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other:
English speaking ability? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Work History:	Did you work in 2020? ☐ Yes ☐ No Has your financial situation changed since then? ☐ Yes ☐ No
Education:	Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

HOME ADDRESS: _____
APT/LOT # CITY ZIP COUNTY

Mailing Address: (If different) _____

3. PREGNANCY INFORMATION

What trimester of pregnancy are you in: ☐ 1ST ☐ 2ND ☐ 3RD Due date: _____
Number of past pregnancies (Do not count your current pregnancy): _____ Number of live births: _____
Have you ever been pregnant with multiples? ☐Yes ☐No Are you receiving prenatal care: ☐Yes ☐No
Do you or your doctor have any concerns with your pregnancy? ☐Yes ☐No
If yes, comment briefly:

4. FATHER'S INFORMATION

NAME: _____ **DOB:** _____

Race/Ethnicity: _____ Hispanic? ☐ Yes ☐ No

Address if different than child's family: _____

Primary Phone: _____ H C W Opt in for text messages: ☐ Yes ☐ No

Secondary Phone: _____ H C W E-Mail: _____

English speaking ability: ☐ None ☐ Little ☐ Moderate ☐ Proficient Primary Language: _____

Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

5. MARITAL STATUS OF BIRTH PARENTS

☐ Married/Living Together ☐ Legally Married/Not Living Together ☐ Divorced
☐ Never Married/Living Together ☐ Never Married/Not Living Together ☐ Widowed

6. CURRENT LIVING ARRANGEMENT

☐ Rent ☐ Own ☐ Staying with family/friends long term ☐ Foster Home ☐ Other:

☐ I am homeless. This means that you are staying in a car, park, campgrounds, hotel, emergency shelter, transitional housing, on the street, or are living with family/friends short term. *If homeless, please check which applies to you:*

☐ Motel/Hotel ☐ Shelter ☐ Mission/Church ☐ Transitional Housing ☐ Staying on the street ☐ Family/Friends short term

7. DO YOU HAVE ANY FAMILY CONCERNS?

☐ Reading	☐ Writing	☐ Parent has/had an IEP
☐ Continuing Education	☐ Transportation	☐ Parent has a chronic illness
☐ Mental Health	☐ Not enough food in the home	☐ Shelter / Homelessness
☐ Unemployed / Not enough hours	☐ Alcohol / Drug use	☐ Legal Concerns
☐ One parent is incarcerated	☐ Both parents are incarcerated	☐ One or both parents are deceased
☐ Other:		
☐ ***None***		

8. HOW DID YOU FIND OUT ABOUT US?

☐ Day Care	☐ Birth-3	☐ School Staff
☐ Early Head Start/Head Start Staff	☐ Job Center: Rock/Walworth Co	☐ Doctor
☐ Social media / Internet	☐ Counselor	☐ Children's WI Resource Center
☐ Friend/Family	☐ Community Health Program/WIC	☐ Autism Services Provider
☐ ***Other:***	☐ Health & Human Services	☐ Homeless/Domestic Violence Shelter

9. DOES ANY MEMBER OF THE HOUSEHOLD RECEIVE ANY OF THE FOLLOWING? (check all that apply)

☐ Foster / Kinship Care	☐ Health Insurance (State or private)	☐ Food Stamps
☐ Supplemental Security Income (SSI)	☐ Caretaker Supplement	☐ SSI - Social Security
☐ W2 / Cash Assistance	☐ Survivor's Benefits	☐ Child Care Assistance
☐ Other:	☐ Public Housing / Section 8	☐ WIC / Healthy Start
☐ ***None***	☐ Energy Assistance	☐ Child Support for **any** child in the home

10. ADDITIONAL CONTACT PERSON(S) IF WE ARE UNABLE TO REACH YOU:

1. _____
Name Relationship to child Phone

2. _____
Name Relationship to child Phone

11. LIST SIBLINGS TO THE UNBORN CHILD IN THE HOUSEHOLD

(First) (Last) (Relationship to child)

1. _____ ☐ Male ☐ Female DOB: _____

2. _____ ☐ Male ☐ Female DOB: _____

3. _____ ☐ Male ☐ Female DOB: _____

Please continue on back if you need more space.

PLEASE READ STATEMENTS BELOW CAREFULLY BEFORE SIGNING

Application will not be complete until we have proof of income.

Family income is the income of the biological parent(s) / adoptive parent(s) or guardian(s) living in the household.

For enrollment purposes, I understand that RWCFS Head Start-Early Head Start may need to coordinate programming with my local school district, and other home visitation programs for placement. By signing, I verify that the information provided is correct and complete to the best of my knowledge. I further understand that if I knowingly provide false information that my family may no longer be eligible for further services.

SIGN AND DATE: (When both parents live in the home, then both should sign whenever possible)

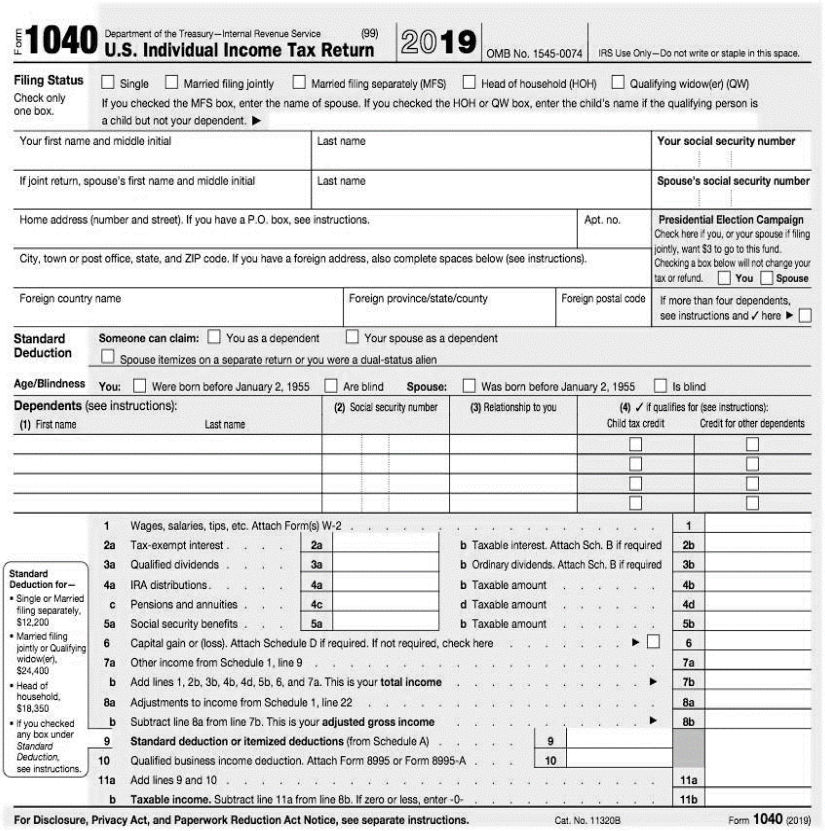
Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Non-discriminatory Clause: RWCFS HS&EHS policy is not to discriminate on the basis of race, sex, age, color, national origin, religion, or disabilities in the provision of services and employment.

INTERVIEW (Staff use only)			
	In-Person		Phone (Reason for phone interview):
Staff Person:			Date:
Parent Guardian:			Date:
Proof of income obtained:			

Example of Income Tax Return form that we need to collect as proof of income



Form **1040** Department of the Treasury—Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2019** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial | Last name | **Your social security number**
If joint return, spouse's first name and middle initial | Last name | **Spouse's social security number**
Home address (number and street). If you have a P.O. box, see instructions. | Apt. no. | **Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name | Foreign province/state/county | Foreign postal code | If more than four dependents, see instructions and ✓ here ▶ ☐

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Standard Deduction for—
- Single or Married filing separately, $12,200
- Married filing jointly or Qualifying widow(er), $24,400
- Head of household, $18,350
- If you checked any box under *Standard Deduction*, see instructions.

1	Wages, salaries, tips, etc. Attach Form(s) W-2				1
2a	Tax-exempt interest	2a		b Taxable interest. Attach Sch. B if required	2b
3a	Qualified dividends	3a		b Ordinary dividends. Attach Sch. B if required	3b
4a	IRA distributions	4a		b Taxable amount	4b
c	Pensions and annuities	4c		d Taxable amount	4d
5a	Social security benefits	5a		b Taxable amount	5b
6	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐				6
7a	Other income from Schedule 1, line 9				7a
b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your **total income** ▶				7b
8a	Adjustments to income from Schedule 1, line 22				8a
b	Subtract line 8a from line 7b. This is your **adjusted gross income** ▶				8b
9	**Standard deduction or itemized deductions** (from Schedule A)		9		
10	Qualified business income deduction. Attach Form 8995 or Form 8995-A		10		
11a	Add lines 9 and 10				11a
b	**Taxable income.** Subtract line 11a from line 8b. If zero or less, enter -0-				11b

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form **1040** (2019)

FOR OFFICE USE			
INCOME POINTS	**TOTAL POINTS:**	**DATA ENTERED BY:**	**REVIEWED BY:**

Revised: 7/21 MO

Additional Space for siblings living in home

(First) (Last) (Relationship to child)

3. _____ ☐ Male ☐ Female DOB: _____

4. _____ ☐ Male ☐ Female DOB: _____

5. _____ ☐ Male ☐ Female DOB: _____